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EDITORIALS

The Laboratory and Diagnosis

One hundred and twenty-five years ago a young man named Laennec was scoffed out of Paris because he dared to say that disease had a basis in anatomical changes. The leader of the French Medical Faculty and so-called philosophical school, Broussais, maintaining that Laennec's views were heretical, stated that all disease was due to a deficiency within the body.

One hundred years later Minot in Boston concluded that pernicious anemia was caused by a deficiency state. However, although this conclusion accorded in this one particular with Broussais' so sweeping doctrine, it had been reached by the avenue suggested by Laennec. Broussais' school of thought was philosophical, augmentative, and clinical, with no positive proof. That espoused by Minot was scientific and its accepted conclusions were backed by scientific proof, for Laennec, although he died young, had left pathology to posterity. The medical world soon recognized that diagnosis and treatment of disease depended upon a knowledge of its appearance in and effect upon organs and tissues.

The bacteriological era was to follow and to be associated with a knowledge of diseased tissue. Soon many acute diseases were to be found due to bacteria, and these discoveries inspired such geniuses as Pasteur and Behring to give us means of prevention and cures for rabies and diphtheria. Serology naturally followed the substantiation of the "germ theory." But years of development of knowledge through pathology, bacteriology and serology still left the world without cures for certain diseases.

Then came chemotherapy and the miracle sulfa drugs which reduced pneumonia from the greatest death dealing disease to a practically innocuous illness. And now comes the antibiotic age with Fleming's penicillin and Waksman's streptomycin to render syphilis, gonorrhea and perhaps even some cases of tuberculosis curable by specific therapy.

Through all this medical progress, roentgenology shines as a great diagnostic and at times therapeutic beacon. We who live in this age of miracle medicine owe gratitude to our medical forebears for their great discoveries making our diagnosis and treatment of disease a far easier task than was theirs. These important discoveries came through the laboratory, pathological, clinical and roentgenological. Insulin was discovered by a clinician and laboratory man, but only after Langerhans and his disciples had done a quarter century's work on the pancreas.

These scientific gentlemen of the past and some of the present were sound clinicians. They knew medicine and used the laboratory as adjuvants to prove a diagnosis, not make one. They believed in careful history taking and physical examination and complete analysis of a patient's condition before receiving laboratory reports. A great clinician once said, "A part of the diagnosis should be made as the patient walks into your office, 75 per cent of it when you have completed your history." Clinicians of the Osler type depended more on their knowledge of disease than upon laboratory findings.

How far have we drifted today from former concepts? Is the modern physician becoming an automaton, permitting the laboratory to direct his entire thinking and make a diagnosis which he accepts blindly? It is to be emphasized that the greatest development in the practice of medicine has been in clinical and roentgenological laboratories. Except in the case of isolated obscure diseases, however, the reports of the laboratory should clinch the diagnosis, not make it. The laboratory is no Aladdin's lamp but merely a guide. During the war many mistakes were made in reports on roentgenological findings which have never been corrected. Every shadow or area of fibrosis in a lung field is not necessarily tuberculosis. City health departments through their social service division have excluded children from

school because a mother during a mass x-ray survey was found to have an old lesion under a clavicle. The roentgenological report said "tuberculosis"—the doctor did not differentiate healed, innocuous tuberculosis from the active form. A trace of sugar in the urine does not necessarily mean diabetes, nor a trace of albumin, nephritis. A high metabolic rate may not mean hyperthyroidism. A high cholesterol content of the blood, or an increase in uric acid content, may be significant but not unless it corroborates an existing clinical picture. Even a carefully read electrocardiogram of suspicious implication does not prove that a coronary occlusion has occurred, for we know that such diagnoses have been proven wrong at autopsy. Tinsley Harrison recently stated that every pain in the chest does not have to be the result of a coronary occlusion.

The average practicing physician may be unable to make his own interpretations of complicated laboratory findings or to read x-ray films and therefore may blindly accept the report he receives. A physician recently told a patient that she had pulmonary tuberculosis. The patient asked, "Aren't you going to examine me or look at my sputum?" The doctor replied, "Examination is unnecessary; the x-ray findings are all I need." This is a true happening and emphasizes very well some of our trends today. In many cases, laboratory reports are being used to make a diagnosis. Some physicians seem to be losing the clinical intuition of the old medical masters.

It should not be forgotten that a patient is a human being with organs, blood and secretions and that these often function in ways beyond our ken. We are losing the art of analysis and discussion. We are no longer training ourselves to be clinicians attempting to make a diagnosis from the patient's statements, the physical and laboratory findings, and our own analysis and deductions. All honor and recognition to the laboratory for its part in present accomplishments. But let it become the physician's guide and assistant, not the director of his thinking. Let the physician remain his own master in diagnosis.

1948 Annual Session

With the journal going to press just at the close of the 1948 Annual Session of the California Medical Association, time is short for a comprehensive review of the meeting but a few highlights may be touched upon at this time pending a complete report in a later issue.

Scientifically, the meeting appears to have been one of the finest ever conducted by the Association. Six guest speakers took part, along with invited guests from outside the Association and well-balanced groups of members reporting on their own findings. Public interest in the scientific sessions is attested by the prominence given by California newspapers to stories on the meeting, in competition with presidential primaries, the atomic bomb, American-Russian relations and other news of world import.

Guest speakers included prominent physicians invited by the sections on general medicine, general surgery, anesthesiology and dermatology and syphilology, together with the Association president's guest and Doctor George F. Lull, secretary and general manager of the American Medical Association. This large and important list of speakers argues well for the continuance of the plan inaugurated this year for more guests at annual meetings.

On the business side, the House of Delegates held its usual meetings, considered six proposed constitutional amendments, looked into the reports of two important interim committees appointed following last year's meeting, and studied thirty-two resolutions brought in as new business. Five of the resolutions emanated from the Council and were favorably received by the House. These included a memorial to the A. M. A. for medical preparedness for both civilians and military forces in time of war, a proposal to establish a statewide committee to study the problems of chronic alcoholism, the naming of a reference committee on finances of the House of Delegates to study financial reports and consider a new budget with dues for the coming year, and two technical by-law amendments to require that members must maintain their membership in the counties in which they maintain their principal offices of practice.

Among the resolutions offered from the floor were several on the question of rebates, one on a proposed probe of the Association's public relations activities, and others on a variety of subjects too extensive to detail here. In the final analysis it may be said that the House of Delegates voiced approval of the manner in which the Association's affairs have been handled by the Council, meanwhile giving ear to proposals of Delegates which suggested counter activities.

A look at the list of thirty-two resolutions placed before the House of Delegates and a study of the reference committee's report and recommendations on them cannot but impress any member with the thoroughgoing manner in which the Association handles its organizational affairs. The variety of subjects offered, the intense and time-consuming study made by the reference committees, the list of witnesses appearing on both sides of every controversial matter, gives new emphasis, if any is needed, to the fact that the California Medical Association operates on the basis of a true democracy. A member's ideas may not be accepted by the governing bodies, but they are certainly given a fair hearing and full consideration.